

(1) Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) Petitioner: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**REQUEST FOR A DEFAULT  
HEARING**

Respondent: \_\_\_\_\_

I, Petitioner, ask the court to set a default hearing in this case. Respondent has defaulted, and all applicable time periods have passed.

(3) Date: \_\_\_\_\_ Petitioner's Signature: \_\_\_\_\_